OCT 2 6 2007

Hoder the Paner Reduc	Stion Act of 1995	no nerson are rem	iired to	U.S. Paten	and Tradem	ved for use through ark Office; U.S. DE on unless it display	06/30/2010. O	COMMEDCE				
~/TADEN/~	2	no person are requ	21100 10	respond to a collection of information unless it displays a valid OMB control number.  Complete if Known								
Fees pursuant to the Consolidate	Application Nun		10/081,736	10/081,736								
•	Filing Date		February 20, 2002									
FEE TRANSMITTAL				First Named Inventor		Justin R. Fallon						
For FY 2008				Examiner Name		O. N. Chernys	shev					
x Applicant claims small entity status. See 37 CFR 1.27						1649						
TOTAL AMOUNT OF PAYME	Attorney Docket No. B		BURF-P02-006									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP												
For the above-ident	ified deposit a	ccount, the Dire	ector is	s hereby authorize	ed to: (ched	ck all that apply	)					
x Charge fee(s)	indicated belo	ow		Charg	e fee(s) ind	dicated below, e	except for the	e filing fee				
		) or underpaym	ents o	f x Credit	any overpa	ayments						
FEE CALCULATION	17 CFR 1.16 a	1.17										
. BASIC FILING, SEARCH	I, AND EXAM	INATION FEES	3									
		FEES	SE	ARCH FEES	EXAMIN	NATION FEES	3	1				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)				
Utility	310	155	510	255	210	105						
Design	210	105	100	50	130	65						
Plant	210	105	310	155	160	. 80						
Reissue	310	155	510	255	620	310						
Provisional	210	105	0	0	0	0						
	210	103	U	U	U	O	-	Small Entity				
2. EXCESS CLAIM FEES							Fee (\$)	Fee (\$)				
<del>Fee Description</del> Each claim over 20 (includ	ing Reissues)						50	25				
Each independent claim ov	-	g Reissues)					210	105				
Multiple dependent claims				370	185							
•					М	ultiple Depend	lent Claims	Ì				
	0 x				Fe	e (\$)	Fee Paid (\$)	<u>l</u>				
HP = highest number of total cla	ims paid for, if gre	eater than 20.						_				
Indep. Claims Extra												
1 13 =	<u>0                                    </u>	=										
HP = highest number of indepen	ident claims paid	for, if greater than :	3.									
B. APPLICATION SIZE FEI												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
	xtra Sheets		-	additional 50 or fra	ction therec	f <u>Fee (\$)</u>	Fee P	aid (\$)				
- 100 =	/	50 =		(round up to a who	ole number)	x	=					
I. OTHER FEE(S)							Fees F	Paid (\$)				
Non-English Specificati	ion, \$130 fee	(no small entit	y disc	ount)								
Other (e.g., late filing su	ircharge): 22	52 Extension	for re	sponse within s	econd mo	onth		0.00 5.00				
		UT Request ic	or con	tinued examina	IIIOII (RCE	) (see 37		J.00				
SUBMITTED BY	70			I Danistania Na								
ignature		<u> </u>		Registration No. (Attorney/Agent)	54,144	Telephone	(617) 951	-7546				
Name (Print/Type) Z. Angela	Suo, Ph.D.					Date	October 24	4, 2007				
I hereby certify that this paper	r (alono with any	paper referred to	as bei	ng attached or enclo	osed) is bein	g deposited with	the U.S. Postal	Service on				
the date shown below with su 1450, Alexandria, VA 22313-	fficient postage 1450.	as First Class Ma	il, in an	envelope addresse	ed to: MSR0	CE, Commissione	r for Patents, P	.O. Box				
Dated: 10124 10	<u> </u>	Signature:	le	ine doal	he	( Elaine	Leahy)	ŀ				

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